

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. A. 521

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 22^d

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mary Francis Dolan

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, White Years, 9 Months, 9 Days.

Color, White Sex, Female

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation, ✓

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, 9 months five days

Place of Death, { Give street and number. } 1038 Green Mount Ave

Cause of Death, { First (Primary,) dropsy Second (Immediate,) 9 months five days

Duration of Last Sickness, 9 months five days

All the above information should be furnished by the Physician.

Place of Burial, Burma Bua

Date of Burial, 23 June M. D.

Undertaker, C. J. Schurin Address J. E. Lindsay

Place of Business, 925 N. Adams

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Health Department, City of Baltimore.

Permit No.

522

Office of Registrar of Vital Statistics.

Ward

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The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

June 19th 1887

Full Name of Deceased,

{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Mrs. Elizabeth Wilson Boyle.

Sex, ~~Male~~ or Female,

{ Cross out the word not required in this line. }

Age, Eighty-three Years,

two

Months, twenty-nine Days.

Color, White.

Married, Single, Widow or

~~Widower~~, { Cross out the words not required in this line. }

Occupation,

Lady.

Birth Place,

{ State or country, and how long in the United States, if of foreign birth. }

Philadelphia, Penna.

Duration of Residence in the City of Baltimore,

Year months

Place of Death,

{ Give Street and Number. }

1209 Linden Avenue.

Cause of Death,

{ First (Primary), Second (Immediate), }

Malignant Ulceration of Throat. Paralysis of Pneumogastric Nerve.

Duration of Last Sickness,

Five months.

All the above information should be furnished by the Physician.

Place of Burial,

Cincinnati, Ohio.

Date of Burial,

{ Undertaker,

Chas. A. Raymond.

{ Place of Business,

334 N. Charles St. Baltimore Md.

Address,

Nellie V. Mark M. D. 904 Madison Avenue.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

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HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/27/2022.

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 523 Office of Registrar of Vital Statistics. Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 21 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } May Corrigan

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 3 Years, 3 Months, 3 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation, None

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give Street and Number. } 1426 Fairmount Ave

Cause of Death, { First (Primary), Second (Immediate), } Cerebral Hemorrhage

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, St. Carmel Cem.

Date of Burial, June 21st 1887

Undertaker, Wm. S. Trip M. D.

Place of Business, 301 N. Broadway Address, 403 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 527 Office of Registrar of Vital Statistics. Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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CERTIFICATE OF DEATH.

Date of Death, June 20th '87

Full Name of Deceased, Abigail Aaron Davis {Write legibly and spell correctly. If an Infant not named, give names of parents.}

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 8 Years, 8 Months, Days.

Color, Dark

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balt. Md.

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give Street and Number.} 540 Burgundy Al.

Cause of Death, {First (Primary), Second (Immediate),} Cholera Infantum

Duration of Last Sickness, Two Days

All the above information should be furnished by the Physician.

Place of Burial, Laural Cemetery

Date of Burial, June 20 1887

{Undertaker, Herolus Ross J. Tyler Smith M. D. Medical Attendant.

{Place of Business, 404 Conway Address, 600 Columbia Av.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. A. 120 Office of Registrar of Vital Statistics. Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.
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CERTIFICATE OF DEATH.

Date of Death, June 20th 1887 -

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Benjamin Leslie Frisby

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 3 Years, 9 Months, — Days.

Color, Colored

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Balti City

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Since birth.

Duration of Residence in the City of Baltimore, Since birth.

Place of Death, { Give Street and Number. } No 649 Bankard Lane alley

Cause of Death, { First (Primary), Second (Immediate), } Cholera Infantum.

Duration of Last Sickness, 9 day.

All the above information should be furnished by the Physician.

Place of Burial, Harford cemetery

Date of Burial, June 20 1887

{ Undertaker, Herclat Brown

{ Place of Business, 404 Long Address, Co Columbia & Fremont Ave.

Miss M. D. [Signature]
 Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. A 526 Office of Registrar of Vital Statistics. Ward 7th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 20. 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Fredrick Menger

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 3 Years, 3 Months, 8 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, ✓

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give Street and Number. } 1109 N. Bell St

Cause of Death, Cholera Infantum

{ First (Primary), Second (Immediate), }

Duration of Last Sickness, 24 hours

All the above information should be furnished by the Physician.

Place of Burial, Holy Redeeming Church

Date of Burial, June 22nd 1887

Undertaker, A. Fink & Son Hall Putney M. D.

Place of Business, 409 1/2 N. Gay St Address, 403 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

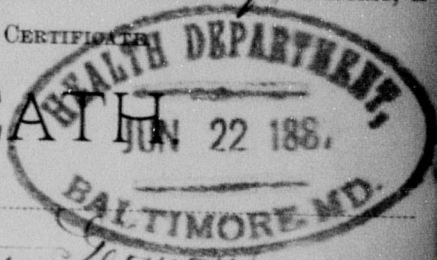
Health Department, City of Baltimore.

Permit No. 527 Office of Registrar of Vital Statistics. Ward 7¹/₄

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH



Date of Death, June 21, 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary Jeanette Sewall

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 9 Years, 16 Months, 16 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation, None

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Balt. Md.

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give Street and Number. } 1719 E. Chas Biddle St.

Cause of Death, { First (Primary), Second (Immediate), } Cholera Infantum

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, June 22nd

Undertaker, Geoschilling Geo. A. Hartman M. D. Medical Attendant.

Place of Business, Arkland Square Address, 1121 N. Caroline St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/27/2022

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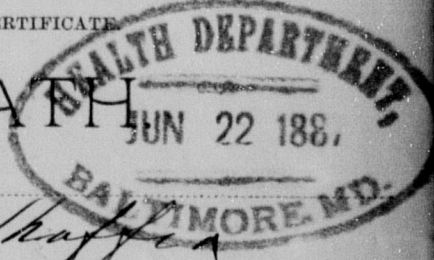
Health Department, City of Baltimore.

Permit No. A 528 Office of Registrar of Vital Statistics. Ward 13^{1/2}

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NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE

CERTIFICATE OF DEATH



Date of Death, June 21st 1887
Full Name of Deceased, Sam E. Shaffer
Sex, Male or Female, Female
Age, 38 Years, _____ Months, _____ Days.
Color, white

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, Single
Occupation, Housekeeper
Birth Place, city
Duration of Residence in the City of Baltimore, S.B.
Place of Death, 403 S. Poppleton St

Cause of Death, Pneumonia
Duration of Last Sickness, 10 mos

All the above information should be furnished by the Physician.

Place of Burial, Bonne Bre
Date of Burial, 24th
Undertaker, John J. Howard
Place of Business, 901 Hallen Address, 602 S. Peach

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/27/2022.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

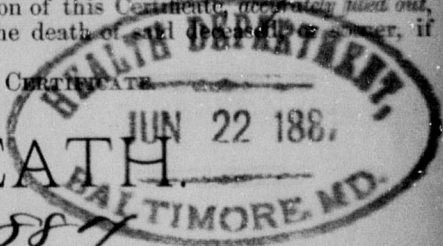
Health Department, City of Baltimore.

Permit No. **A 529** Office of Registrar of Vital Statistics.

Ward **79**

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased or, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH

Date of Death, **June 21st 1887**

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } **Mary Loos**

Sex, Male or Female, { Cross out the word not required in this line. } **Female**

Age, **Colish** Years, **10** Months, **17** Days.

Color, **White**

Married, Single, Widow or Widower, { Cross out the words not required in this line. } **Single**

Occupation, **None**

Birth Place, { State or country, and how long in the United States, if of foreign birth. } **Baltimore**

Duration of Residence in the City of Baltimore, **Since birth**

Place of Death, { Give Street and Number. } **1200 Barclay Street**

Cause of Death, { First (Primary), Second (Immediate), } **Acute Meningitis**

Duration of Last Sickness, **Two (2) days**

All the above information should be furnished by the Physician.

Place of Burial, **Baltimore Cem.**

Date of Burial, **June 23rd 1887**

Undertaker, **A. Kingdon** **S. C. Blower** M. D.

Place of Business, **No. 915 N. Gay St.** Address, **Per Caroline Street**

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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Health Department, City of Baltimore.

Permit No.

A 530

Office of Registrar of Vital Statistics.

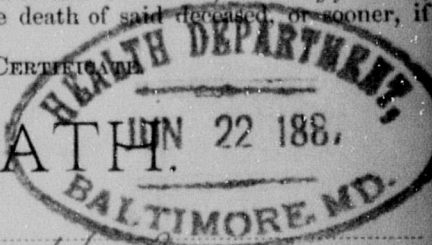
Ward

8th

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CERTIFICATE OF DEATH.



Date of Death, June 21st 1887.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Michael H Kehoe
Male

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 26 Years,

Months,

Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Married

Occupation, Ink dealer

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Maryland

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give Street and Number. }

10815 Neeghbor St

Cause of Death, { First (Primary), Second (Immediate), }

Diabetes Mellitus

Exhaustion

Duration of Last Sickness,

Two years

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cem

Date of Burial, July 24th 1887

Undertaker, A. Fink & Son

W. Whitridge

M. D.

Medical Attendant.

Place of Business, No. 915 N Gay Address,

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[OVER.]